

HOSPICE CARE

For Residential Care Facilities for the Elderly (RCFE)

All Residential Care Facilities for the Elderly (RCFE) licensed by the California Department of Social Services (CDSS), Community Care Licensing Division with an approved hospice waiver on file must comply with the regulations and statutes that address hospice care in Title 22 of the California Code of Regulations (22 CCR) and the Health and Safety Codes (HSC).

Caring for terminally ill residents is an area of great responsibility for RCFE providers. In order to take on this responsibility, the licensee works with a hospice agency to meet the needs of the terminally ill resident. Hospice is a specialized form of multidisciplinary health care which is designed to provide palliative care and alleviate the physical, emotional, social and spiritual discomforts of terminally ill individuals. Hospice recognizes dying as a natural part of life and focuses on maintaining the quality of one's remaining life. Hospice care affirms life and neither hastens nor prolongs the dying process.

This guide is intended to help RCFE providers comply with hospice care requirements. Obtaining a hospice care waiver from Community Care Licensing (CCL) will allow terminally ill residents to enter or remain in the facility and receive hospice services. Facilities with an approved hospice care waiver must still comply with all applicable Title 22 Regulations (22 CCR) and Health and Safety Code (HSC). The waiver will allow necessary medical interventions to be provided in the facility by appropriately skilled professionals and others as designated in each resident's hospice care plan. It is suggested that facilities obtain a hospice waiver in advance, as a response to a request may take up to thirty days.

This guide cannot be used as a substitute for understanding and complying with the regulations and statutes governing a license to operate. The following information summarizes the hospice care procedures licensees are required to follow along with best practice suggestions. An appendix is included at the end of this document to provide applicable statutes and regulations highlighted throughout this document.

This guide is not an exhaustive reference of the subject. If you have additional questions, you should consult with your CCL Regional Office.

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Definitions

Definitions

The following are some of the terms you will need to know when hospice services are provided in an RCFE (definitions per [22 CCR 87101](#)).

Concept	Definition
Advance Health Care Directive	<p>A written instruction about who can make health care decisions when the resident is incapacitated.</p> <p>Advance Directives can include:</p> <ul style="list-style-type: none"> • A Durable Power of Attorney for Health Care • An Individual Health Care Instruction • A Request to Forego Resuscitative Measures • A Do Not Resuscitate Form <p>In an advance directive, a person states choices for medical treatment and/or designates who should make treatment choices if the resident loses his/her decision-making capacity.</p> <p>Note: Physician Orders for Life-Sustaining Treatment (POLST), form is also used to complement the Advance Directive.</p>
Appropriately Skilled Professional	<p>An individual who has training and is licensed to perform the necessary medical procedures prescribed by a physician. This includes, but is not limited to:</p> <ul style="list-style-type: none"> • A registered nurse (RN) • Licensed vocational nurse (LVN) • Physical therapist (PT) • Occupational therapist (OT) • Respiratory therapist (RT) <p>These professionals may include, but are not limited to, those persons employed by:</p> <ul style="list-style-type: none"> • A hospice agency • A hospice and home health agency • The resident • A facility <p>Note: Appropriately Skilled Professionals working in RCFE's must have a current license in California. Also common with hospice care, there is a team of unlicensed care providers like Home Health Aides and pastoral care involved.</p>
Bedridden	<p>Health and Safety Code §1569.72 defines "bedridden" as a person requiring assistance in turning and repositioning in bed or being unable to independently transfer to and from bed, except in a facility with appropriate and sufficient care staff, mechanical devices, if necessary, and safety precautions, as determined by the director in regulations.</p>

Definitions
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Do-Not-Resuscitate (DNR) Form	A form completed by a resident or, in certain circumstances, a resident's Health Care Surrogate Decision Maker, and a physician, alerting pre-hospital emergency medical services personnel of the resident's wish to forego resuscitative measures in the event of cardiac or respiratory arrest.
Facility Hospice Care Waiver	<p>A waiver from the limitation on retention of residents who require more care and supervision than other residents and residents who are bedridden other than for a temporary illness.</p> <ul style="list-style-type: none"> • The Hospice Care Waiver granted by the Department will permit the acceptance and retention in a facility of a designated maximum number of terminally ill residents who are receiving hospice services from a hospice agency. • The Facility Hospice Care Waiver will apply only to those residents who are receiving hospice care in compliance with a hospice care plan meeting the requirements of 22 CCR 87633.
Health Care Surrogate Decision Maker (HCSDM)	<p>Someone who participates in making health care decisions for an incapacitated resident.</p> <ul style="list-style-type: none"> • Health care surrogate decision-makers may be formally appointed by the resident in a Durable Power of Attorney for Health Care or by a court in a conservatorship proceeding. <ul style="list-style-type: none"> ○ In the absent a formal appointment, someone may be recognized as the health care surrogate decision maker by virtue of a relationship with the resident (e.g., the resident's next of kin). • The licensee or any staff member of the facility cannot be a health care surrogate decision maker.
Hospice or Hospice Agency:	<p>An entity which provides hospice services to terminally ill persons, is Medicare certified for hospice, and holds either Hospice license from the California Department of Public Health.</p> <ul style="list-style-type: none"> • This includes any group or individual the hospice agency contracts to provide services. • The hospice agency providing services in an RCFE may not subcontract with the licensee or any facility staff to provide services.
Hospice Care Plan	<p>A hospice agency's written plan of care for a terminally ill resident pursuant to 22CCR Section 87633(b).</p> <ul style="list-style-type: none"> • The hospice agency retains the responsibility for the development and maintenance of the plan and quality of hospice services delivered.

Requirements for Hospice Care

Requirements for Hospice Care	<p>Licensees may accept or retain residents who are initiating or receiving hospice services if all of the following conditions are met pursuant to 22 CCR 87633:</p> <ul style="list-style-type: none">• The licensee has an approved hospice care waiver.• The licensee remains in substantial compliance with:<ul style="list-style-type: none">◦ All requirements within HSC Section 1569 et seq. of the California Health and Safety Code (HSC)◦ All regulations governing Residential Care Facilities for the Elderly◦ All terms and conditions of the hospice care waiver• The licensee ensures that each resident receiving hospice services, or the residents' HCSDM, execute a contract with a hospice agency for services.<ul style="list-style-type: none">◦ Only residents who have a contract with a hospice agency to receive services can receive hospice care in the facility.• A licensee may also hold a hospice agency license, but may not require residents to use the facility-owned hospice agency or any other specific agency, as residents have the right to select their own hospice agency per HSC §1569.269(a)(20).• Hospice agency services must be provided by a hospice agency both licensed by the state <i>and</i> certified by the federal Medicare program.• Prior to the initiation of hospice services, each resident's hospice agency will develop a hospice care plan agreed to by the licensee and the resident, or the resident's HCSDM if the resident is incapacitated, identifying the care, services, and medical interventions needed in relation to the terminal illness.<ul style="list-style-type: none">◦ All hospice care plans are implemented by the licensee and the hospice agency, but do not expand the scope of practice and care and supervision provided by the RCFE.• The licensee ensures that the hospice resident in the facility, or prospective hospice resident, does not pose a health and safety threat, or violate the personal rights of any other residents in care.• The hospice agency and the resident, or prospective resident, agree to provide the licensee with all information needed by the licensee to meet the resident's or prospective resident's needs and comply with all regulatory requirements.
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Requesting a Hospice Care Waiver	<p>In order to retain or accept residents who are initiating or receiving hospice care services, the licensee must obtain a hospice care waiver from the Department as outlined in 22 CCR 87632. This written waiver request must be <u>signed and dated</u> and include:</p>
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*Requesting a
Hospice Care
Waiver
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- The maximum number of hospice residents the facility will have at any one time.
 - This is based on how many persons the facility can safely care for.
- A statement by the licensee that he/she has read regulation section [87633](#), and all other requirements of the RCFE regulations and the Health and Safety Code and that he/she will comply with these requirements.
- A statement by the licensee that he/she will follow all aspects of the hospice care plan that are the licensee's responsibility or under the licensee's control.
- A statement by the licensee that an agreement with the hospice agency will be entered into which specifies the care, services, and necessary medical interventions needed related to the terminal illness to supplement the care and supervision provided by the facility.
- A statement that additional care staff will be provided if required by the hospice care plan.

Licensees must submit the written waiver request and supplemental documentation to their [Regional Office](#) for review and approval. The waiver request must be approved before any hospice care can be provided.

- **Helpful Hints:** Don't wait to apply for the hospice care waiver!
 - If the facility did not apply for a hospice waiver at the time of initial application for RCFE licensure, the licensee is encouraged to apply for the waiver as soon as possible.
 - Licensees are encouraged to review the facility's hospice waiver on a regular basis to ensure that the waiver is consistent with the conditions needed within the facility to meet resident's needs.
 - Keep in mind, hospice residents usually require more care than other residents.

Responsibilities of the Licensee

When entering the contract with the hospice agency and the resident, the licensee needs to make sure that the hospice agency and the resident (or prospective resident) agree to provide the licensee with all information necessary to allow the licensee to comply with all regulations and to assure that the resident's or prospective resident's needs will be met ([22 CCR 87633\(c-e\)](#)).

- The licensee is responsible for ensuring that each resident's care needs are being met at all times, that the hospice care plan is current and accurately matches the services being provided, and for complying with all requirements for RCFEs.
- The Department may require the licensee to obtain a revised hospice care plan if the plan is not being carried out or if revisions are necessary to protect the health and safety of any resident.

Supportive
Documentation
to Submit with
Waiver
Request

In order to ensure that you have included a complete packet to the Regional Office with supporting documentation for the hospice request, it is important to review and update portions of the program that are impacted by hospice care. The packet to submit to your Regional Office should include:

- Written request for hospice care waiver
 - Waiver must meet requirements in [22 CCR 87632](#).
- Updated portions of the program plan that includes the provision of hospice care and explains how the facility will meet all hospice care requirements, including, but not limited to:
 - Updated resident records requirements to include required documents for hospice care residents.
 - Identify care plan protocols:
 - What is included in hospice care plans?
 - How and will the care plans be developed, implemented, and updated?
 - Where will the plans be retained within the facility?
 - Outline what steps will be taken by the facility if a hospice resident develops a prohibited or restricted health care condition.
 - Update Emergency Disaster Plan to include an established protocol for notifying a resident's hospice agency and responsible parties in the event of an evacuation and/or relocation.
 - Updated reporting requirements.
 - Updated medication procedures.
 - Updated staff training, including:
 - Topics
 - Who can train
 - How the training will be documented
 - Where training documentation will be retained at the facility
- Templates suggested to create in advance for facility use:
 - Initiation of hospice services notification
 - Resident request for hospice services
 - Roommate approval verification
 - Notification of deviation of hospice services
 - Notification of interruption or discontinued hospice services
 - Staff training documentation template
 - Sample schedule of staff hospice training
 - Death report (recommend using [LIC 624A](#) form)

Record Keeping

Hospice Resident Records

The licensee must keep the following in each hospice resident's record pursuant to [22 CCR 87633\(h\)](#):

- A written request signed by the hospice resident or the resident's HCSDM that the resident wants to move into or stay in the facility and receive hospice services in the facility.

A copy of the resident's Advanced Health Care Directive or DNR Form executed by the resident or their HCSDM, if any.

- The name, office address, business telephone number and 24-hour emergency telephone number of the hospice agency and HCSDM, if any.
- A copy of a written statement certifying the resident's terminal illness from the medical director of the hospice agency or the physician member of the hospice interdisciplinary group and the resident's attending physician, if any.
- A copy of the resident's current hospice care plan approved by the licensee, the hospice agency and the resident, or resident's HCSDM if the resident is incapacitated.
- A signed statement by the resident's roommate, if any, acknowledging the resident intends to receive hospice services in the facility and agreeing to allow hospice caregivers and the residents support network into the shared living space.
 - If the roommate withdraws the agreement verbally, or in writing, the licensee must make other arrangements that fully meet the needs of the hospice resident.

Requirements for the Hospice Care Plan

A hospice care plan must include the following information pursuant [22 CCR 87633\(b\)](#):

- The name, office address, business telephone number and 24-hour emergency telephone number of the hospice agency and the resident's physician.
- A description of all services to be provided in the facility by the hospice agency including the type and frequency of the services.
- Identify the designated primary and alternative caregiver(s) at the facility.
 - Outline the tasks the facility is responsible for performing and the approximate frequency with which they'll be performed.
- Designate the primary contact person at the hospice agency.
- Describe the licensee's responsibilities for carrying out the plan including:
 - Facility staff duties
 - Record keeping
 - Communication with the hospice agency
 - Communication with the resident's physician
 - Communication with the resident's responsible person, if any

*Requirements
for the
Hospice Care
Plan,
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- Storage and/or handling of medications
- Maintenance and use of medical supplies, appliances, and equipment
- It is also a good idea to put practices in place that ensure the facility staff and hospice staff are communicating at every visit and when changes to the care plan have been made (best practice).
- Describe all hospice services to be provided or arranged in the facility by persons other than the licensee, facility staff, or hospice agency.
 - A relative or friend NOT receiving money or any other form of compensation for their services who is trained by the hospice agency may administer medications through a route (e.g. oral, sublingual, subcutaneous, etc.) to the hospice resident provided: (See [medication](#) section for provisions)
- The plan cannot require or recommend that the licensee or facility staff (unless they are a physician or appropriately skilled professional) perform any health care procedure which may legally be performed only by a physician or appropriately skilled professional.
- CCL may require additional information be retained on file.

Personnel
Records

The licensee must keep a record of all hospice related training provided to the facility staff. The records must be kept for three years and must be made available for review by CCL.

- The records must include the names and credentials of the trainers, staff who attended the training, topics of training, and length of each training session.
- The training topics per [CCR 22 87633\(b\)\(6\)\(A\)](#) include typical needs of individuals receiving hospice care including:
 - Repositioning and transferring techniques
 - Incontinence care
 - How to preserve skin integrity
 - Hydration
 - Infection control
- Suggested training topics include:
 - What is hospice?
 - Care and supervision of hospice residents
 - Responsibilities of hospice versus facility staff
 - Advanced healthcare directives (DNR, POLST etc.)
 - Reporting: when to call hospice, 911, administrator, Licensing, and responsible parties
 - Appropriate food and nutrition intake
 - Use of assistive devices, equipment, and postural supports
 - Identification and protocol around the development of a prohibited and/or restricted health care condition.
 - Psychosocial issues (stages of grief, bereavement, palliative care, etc.)

*Personnel
Records,
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- The hospice agency must also provide training specific to the needs of each hospice resident prior to services initiated in the facility
- Facility staff are required to have hospice training.

Hospice Care Procedures

Hospice
Medication
Procedures

The following are the licensee's requirements for medication procedures for hospice residents within an RCFE:

- Keep a medication dosage record of centrally stored medications for each hospice resident.
 - Dispose of prescription medications not taken with the resident if the resident is discharged, relocated, or has passed away.
 - Documentation of the destruction/disposal of the medication is required as outlined in [22 CCR 87465\(i\)](#).
 - Identify by name or job function the hospice agency's health care professional who will control and supervise the storage and administration of all controlled drugs (Schedule II-V).
 - Pain pumps are permissible if the hospice resident, hospice health care professional, or other appropriately skilled professional is administering the medication and the procedure is clearly outlined in the hospice care plan.
 - The licensees who admits or retains residents who require injections shall be responsible for the following:
 - Ensuring that injections are administered by the resident or an appropriately skilled professional, if the resident requires assistance.
 - Ensuring that sufficient amounts of medicines, test equipment, syringes, needles and other supplies are maintained in the facility.
 - Ensuring that syringes and needles are disposed of as specified in [22 CCR 87303\(f\)\(2\)](#) and [8 CCR 5193](#).
 - A relative or friend NOT receiving money or any other form of compensation for their services who is trained by the hospice agency may administer medications through a route (e.g. oral, sublingual, subcutaneous, injections etc.) to the hospice resident provided:
 - It is specific in the hospice care plan.
 - The hospice agency provides a statement for the licensee's records that the family and/or friend has been trained.
 - As a best practice there is a plan in place to ensure that the resident can receive the needed medication by an appropriately skilled professional if the relative or friend fails to arrive at the appointed time.
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Hospice
Reporting
Requirements

The licensee must ensure that the facility and its staff adhere to the hospice care reporting requirement procedures as follows [per 22CCR 87633\(g\)](#):

- Notify CCL in writing within five working days of beginning hospice services for any resident. The report must include the resident's name, date of admission to the facility, and name and address of the hospice agency
- Report to the Regional Office by telephone within one working day and in writing within five working days when any of the following happen:
 - The terminally ill resident's hospice services are interrupted or discontinued for any reason other than the death of the resident.
 - The resident refuses hospice care or is discharged from hospice services.
 - There is any deviation from the resident's hospice care plan.
 - Any incident threatening the health and safety of any resident.
- For emergencies NOT directly related to the expected course of the resident's terminal illness, the facility staff is required to call 911.
 - When emergency personnel arrive, present advanced directives for those who have a POLST, Request to Forego Resuscitative Measures, Advance Directive, or a Do-Not-Resuscitate order on file in the facility.
 - Physicians, Registered Nurses (RNs) and Licensed Vocational Nurses (LVN's) who are in the resident's presence and assume the responsibility at the time of the emergency may honor these requests/orders/directives.
 - After contacting 911 the facility staff should immediately contact the hospice agency and HCSDM, if applicable. It is also best practice to contact the resident's responsible person when 911 is called.
- If a resident receiving hospice has an advance directive and/or request regarding resuscitative measures and is experiencing a life-threatening emergency and the symptoms ARE directly related to the expected course of the resident's terminal illness, the facility staff should notify the resident's hospice agency in lieu of calling 911.
 - Per [HSC §1569.73\(c\)](#), facility staff must have received training from the hospice agency on the expected course of the resident's illness and the symptoms of impending death in order to notify the hospice agency in lieu of 911.
- Facilities which employ physicians, RNs and/or LVN's may establish written policies to honor requests to forego resuscitative measures.
 - The policies must ensure that only those individuals employed by the facility who are on the facility premises at the time of the medical emergency may honor these measures.
 - These written policies may be outlined in the facility's Plan of Operation for convenience.
- Ensure that the disaster and mass casualty plan requires notification of the resident's hospice agency in case of evacuation and/or relocation.

Relocation Procedures of Hospice Residents	<p>The licensee can initiate the urgent relocation of a hospice resident when the resident's condition has changed and a joint determination has been made by the Department, the resident (or the resident's HCSDM), the hospice agency, a physician, and the licensee that the continued care in the facility would pose a health and safety risk to the hospice resident or to any other resident in care at the facility.</p> <ul style="list-style-type: none">• In order to do this, the licensee shall prepare a written relocation plan that includes all necessary steps to be taken to reduce stress and avoid transfer trauma.• The plan will specify:<ul style="list-style-type: none">○ A specific date for both the beginning and the completion of the residents' safe relocation.<ul style="list-style-type: none">▪ This can be immediate but cannot exceed 30 days.○ A specific date the relocation notification will be given to the resident and the resident's responsible person.○ A specific date when the resident's physician and the hospice agency will be consulted to obtain a current medical assessment of the resident's health needs in order to determine the appropriate facility type for relocation and to ensure that the resident's health care needs continue to be met at all times during the relocation process.○ The methods adopted by the licensee to determine an acceptable relocation site that can meet the residents' needs.<ul style="list-style-type: none">▪ Include the resident and the resident's responsible person, if any.○ A compiled list of contacts of community resources that may include, but not be limited to:<ul style="list-style-type: none">▪ Social workers, Family members, Long Term Care Ombudsman, Clergy, Multipurpose Senior Services Programs, and any other identified appropriate resources to ensure that services are provided before, during, and after the move.○ Assurances the resident's support system will remain in place along with a required discussion on the subject with the resident.○ Measures that will be taken until relocation to protect the resident and meet the resident's health and safety needs.○ A statement agreeing to notify the Department when the relocation has occurred.<ul style="list-style-type: none">▪ Include the resident's new address, if known.
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Bedridden Residents

Residents Receiving Hospice and are Bedridden

It is important to note that NOT all residents receiving hospice services will become bedridden. If your hospice resident becomes bedridden, there are additional steps that need to be taken, including:

- Update the Plan of Operation, if needed, to include a statement of how the facility intends to meet the overall health, safety, and care needs of bedridden residents.
- Update the Emergency Disaster Plan, if needed, to address fire safety precautions specific to evacuating bedridden residents in the event of a disaster or emergency.
- Address requirements for meeting the needs of dementia residents, pursuant to [22 CCR 87705](#), who are also bedridden and on hospice.
- Update the bedridden resident's Needs and Services Plan to ensure the facility will be able to demonstrate that the staff is meeting the resident's needs.
 - Ensure that the care plan to meet the bedridden resident's needs is developed, followed, and updated as the resident's condition changes and that facility staff have a working knowledge of the care plan.
- Train staff on how to care for persons who are bedridden.
 - Document training in staff records.
- Update the facility's Register of Residents to reflect the bedridden resident's ambulatory status, attending physician, and information on the resident's responsible person.
- Ensure staff are aware of the location of the Register of Residents in order to provide to emergency personnel, if needed.
- Obtain and maintain an appropriate fire clearance
 - Unless the bedridden status is for a temporary illness lasting 14 days or less.
- Ensure the bedridden residents are located in a room the fire department has approved for bedridden residents, if a fire clearance is required.
- Notify the fire department within 48 hours identifying:
 - Where the bedridden resident is within the facility and
 - The estimated length of time the resident is expected to be bedridden.
 - This is needed regardless of the length of time the resident will be bedridden.
- Notify the Licensing Agency in writing of the resident's bedridden ambulatory status and include a physician and surgeon's written statement explaining that the resident's illness or recovery is of a temporary nature.
 - There should also be a timeframe for the duration of the bedridden status including an end date for the projection of the bedridden status.
- Ensure that there is adequate night staff that is capable of meeting the repositioning needs of the bedridden resident.

*Residents
Receiving
Hospice and
are Bedridden
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- Use assistive equipment or devices, as necessary and outlined in the hospice care plan.
 - Examples are special mattresses, privacy curtains, urinals/bedpans, heel/elbow protectors, trapeze, Hoyer lifts, wheelchairs, etc.

Other Important Information

Exceptions	<p>Facilities that have satisfied the requirements of 22 CCR 87632, Hospice Care Waiver, are <u>NOT</u> required to submit written exception requests for residents or prospective residents with:</p> <ul style="list-style-type: none"> • Restricted health conditions under 22 CCR 87612 and/or • Prohibited health conditions under 22 CCR 87615 <p><u>Provided:</u></p> <ul style="list-style-type: none"> • Those residents have been diagnosed as terminally ill <u>and</u> • Are receiving hospice services in accordance with a hospice care plan as required under 22 CCR 87633, Hospice Care for Terminally Ill Residents, <u>and</u> • The treatment of such restricted and/or prohibited health conditions is specifically addressed in the hospice care plan.
Personal Rights	<p>Each resident has the right to select their own hospice agency along with their physician, pharmacies, privately paid personal assistants, and health care providers in a manner that is consistent with the resident's admission agreement or other rules of the facility (HSC 1569.269 (a)(20)).</p>
APS Emergency Placement	<p>Licensees are prohibited from accepting residents who are on hospice that are Adult Protective Services (APS) emergency placements (22 CCR 87222(d)(3)).</p>
Community Care Licensing	<p>The Department reserves the right to require the relocation of a terminally ill resident whose needs for personal care and supervision or health care are not being met in the facility (22 CCR 87633(m)).</p>